

EMPLOYEES' RETIREMENT SYSTEM
STATE OF HAWAII
201 MERCHANT STREET, SUITE 1400
HONOLULU, HAWAII 96813

PENSIONER'S ADDRESS CHANGE/DIRECT DEPOSIT AUTHORIZATION

1. Please change my MAILING ADDRESS to the following:

2. (a) I hereby authorize the Employees' Retirement System (ERS) to electronically deposit my pension payment to the financial institution indicated below. The ERS and financial institution are authorized to credit and/or correct the amounts pertinent to my account.

ERS pension payments can be direct deposited electronically to financial institutions participating with the Automated Clearing House (ACH) program. **When a change is made, the first two checks will go to your mailing address** while your account number is being verified with your financial institution. Once on the ACH program, you will no longer receive a pension statement unless there is a change to the pension amount.

Name of Institution: _____

Branch Address: _____ Phone no.: (____) _____

City: _____ State: _____ Zip code: _____

Account Number: _____

Type of Account: ☐ Checking (Attach a voided check) ☐ Savings

Route Number of Institution: _____

(FOR MAINLAND ACCOUNTS ONLY)

- (b) Please mail my pension checks to the following address: (Applicable **ONLY** for retirement dates **BEFORE** July 1, 2001.)

This form must be mailed to our office. Please allow at least 6-8 weeks for the change to be effected. If there are any questions, please call our office at 586-1736 or toll free for mainland retirees at 1-(888) 659-0708.

THIS FORM MUST BE SIGNED BY THE PENSIONER FOR THE CHANGE

(If you are using a Power of Attorney, you must submit the certified documents with this form. Please indicate if you want the document returned, and include your name and address.)

(Print) Name: _____

Social Security Number: _____ - _____ - _____ Phone: _____

(Signature)

(Date)